

STATEMENT OF CLEARANCE

To be submitted with Certification of Completion and Final Inspection

Project Name and Address: _____

Name of Inspector/Risk Assessor _____

Company _____

1. Were all lead-based paint hazards corrected during rehab?

☐

Yes

☐

No

2. Date Clearance achieved: _____

3. Date home reoccupied: _____

4. Attach a copy of statement of Clearance from Risk Assessor.